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ABSTRACT

This document is the first report on an evaluation of the Parents as First Teachers Programme (PAFT) in New Zealand, an established parent education and support service for parents of children birth to age three. This preliminary report details the findings of an analysis of a family exit survey completed by 400 families participating in PAFT. Preliminary evidence from the survey of families exiting the program indicates that the success of PAFT for families lies in the following key aspects: (1) the parent educator must have rapport with the family; (2) the program was home-based, which parents preferred; (3) the curricula used, providing current information and encouraging parents with knowledge to be their child's first educator; (4) the strengths-based philosophy; (5) the holistic approach, working with parents/caregivers, children, and other family members; (6) support of family and cultural diversity in beliefs, values, and practices; and (7) providing links with the community through information and referrals to various services. Survey evidence points to a strong demand for PAFT by families and very high satisfaction with the service. Parents were concerned about funding cutbacks and the current limiting of access of families with children not considered to be at-risk. The overall conclusion of the report is that participation in PAFT benefits families, including strengthening parenting skills, encouraging parents to take greater responsibility for their child's education, and accessing community, health, and early childhood education services. The exit survey is appended. (Contains 39 references.) (KB)

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AN EVALUATION OF

Parents as First Teachers Programme

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EXECUTIVE SUMMARY

This is the first report on an evaluation of the Parents as First Teachers Programme (PAFT) in New Zealand. A second report will include further data and look in more depth at specific issues and challenges for the provision and delivery of PAFT. The only other known evaluations to have been carried out were early last decade and concerned four pilot programmes run by the Royal New Zealand Plunket Society. Today PAFT is managed by Early Childhood Development (ECD) who contract community based providers. PAFT has become an established parent education and support service and caters for children in the first three years of their learning and development.

This preliminary report presents the findings of an analysis of a Family Exit Survey completed by 400 families. The overall conclusion of the report is that **participation in PAFT benefits families**. The benefits included:

- strengthening parenting skills,
- encouraging parents to take greater responsibility for their child's education, and
- accessing community, health, and early childhood education services.

At the time that the families in this study enrolled in PAFT the programme was available to any family who wished to enrol in it. This has since changed due to greater targeting of families within communities to ensure equity of access, especially of Maori, Pacific Island, single parent, teen-parent, and low-income families. As PAFT holds clear benefits for families, irrespective of their background characteristics, the issue of **universal access** is important to consider. It is also important because the families in this study were concerned about the issue and commented (without prompting) on the current perceived less-than-positive environment of funding cutbacks and limiting access of families with children not considered to be "at-risk".

The preliminary evidence from the survey of families exiting the programme indicates that the success of PAFT for families lies in the following key aspects:

1. The parent educator – who is the "face" of PAFT and must have **rapport** with the family.
2. The place of delivery – mainly in the **home**, which parents preferred with flexibility to meet at other venues (99% were comfortable with this method of delivery).
3. The PAFT Ahuru Mowai and Born to Learn curriculum – providing **up-to-date material and information,** and encouraging parents with knowledge to be **their child's first educator.** For example, the written materials were useful for 88 percent of families; the ideas on play activities, books and toys were extremely or very suitable for 98 percent of families.
4. The strengths-based philosophy – concentrating on **what is going right and building on that** rather than what is wrong in parenting. Focusing on prevention and support, not intervention and blame. For example, 47.5 percent of parents spontaneously mentioned that they had become more relaxed and confident in themselves and as parents.
5. The holistic approach – working with **parents/caregivers, children, and other family members**, providing parent education while taking an interest in parent and child issues and problems. This includes, for example, identifying children's developmental needs and delays; explaining and role modelling alternatives to physical punishment; supporting mothers with post-natal depression; helping families through changes and crises such as the birth of a new baby or a death in the family.

6. Support of **family and cultural diversity** – in beliefs, values and practices: 93.5 percent of families reported that cultural differences were supported or were never an issue. Families commented favourably on the interest shown by parent educators in their personal values on different issues, for example, about organic food and shared-bed parenting.
7. Providing **links with the community** through information and referrals to health, community and early childhood education services, for example, by age three 90 percent of PAFT children had attended an early childhood education service such as childcare or playcentre, and 51 percent of families had enrolled at a state kindergarten.

In summary, the survey evidence points to a strong demand for PAFT by families and very high levels of satisfaction with the service. It also identifies outcomes for families that they consider important. These outcomes could have longer-term benefits for society. Through providing a continuity of parent education and support for families during their child's first three years and focusing on the family in context, PAFT is a unique early childhood education service that complements existing centre-based services. This report has identified issues for PAFT that have an impact on policy and these will be further investigated in a second report.

Dr Sarah-Eve Farquhar
Researcher

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BACKGROUND AND LITERATURE REVIEW

Introduction

This report looks at family responses to, experiences of, and satisfaction with the Parents as First Teachers programme (PAFT). Parents or caregivers whose children exit from the programme at age three complete an anonymous survey to provide feedback to Early Childhood Development (ECD). Because there is a dearth of research on the current PAFT programme, ECD requested an independent analysis of the Family Exit Survey, and this was carried out as part of an evaluation of the PAFT programme. The Family Exit Survey provided a major and useful source of data by which to evaluate how well PAFT serves families, from the perspective of the families.

PAFT is based on a belief that parents are their children's first and most important teachers. Support and guidance are offered to parents by trained parent educators, primarily within the family home but also in other settings such as playcentres, and to groups such as teenage parents. The programme comprises monthly[1] visit plans, group meetings, health and development checks, and referrals.

The introduction of PAFT in New Zealand had a political foundation. A former Minister of Education, Hon. Dr Lockwood Smith, visited the "Parents as Teachers" programme in Missouri. He liked what he saw: a non-targeted, primary prevention programme to support parents and maximise children's learning and development during their first three years. Pihama (1993, p. 101) comments that "PAFT became one of the key planks in National Party education policies and upon election in 1990, and Dr Smith's assuming of the education portfolio, he started immediately on the implementation of the pilot programme". Dr Smith argued that PAFT would help address an increasing trend of illiteracy and low levels of educational achievement, especially amongst children from Maori and low socio-economic backgrounds. He also believed that it would address important children's health issues such as the high incidence of glue ear. It was intended that by 1998 funding would be available to ensure that all families who wanted to participate in PAFT would be able to have access to it.

The Royal New Zealand Plunket Society, under contract to the Ministry of Education, started four pilot programmes in Whangarei, South Auckland, Gisborne and Dunedin. Parent educators were employed by Plunket and trained under the auspices of the Missouri based Parents As Teachers programme. In May 1992 the Plunket Ethics Committee gave approval for parent educators to recruit and enrol families in PAFT. The pilot targeted first-time parents only, who agreed to a three-year commitment and were confident they would not move cities within that time. Six months into the recruitment of parents, it was decided that only parents to whom instructions could be given in English would be included (Livingstone, 1998, p. 27). This was because of the difficulties for parent educators, especially in South Auckland, of translating the written materials for families with English as a second language.

In November 1993, well before the completion of the pilot project and the evaluations of the pilot, ECD (then known as the Early Childhood Development Unit) was contracted by the Ministry of Education to coordinate and monitor the expansion of the PAFT programme. The New Zealand PAFT National Centre was established by ECD. It immediately took steps to modify the PAFT manual and make it more culturally appropriate for New Zealand families.

[1] Some families may receive more frequent visits where these are required.

Health and safety information was altered to match New Zealand legislation and conditions. Changes in some practices were made, such as health checks being recognised as the responsibility of Well Child health services rather than the parent educators, as in the pilot programmes (Livingstone, 1998).

Janet Rivers (1994), a journalist investigating PAFT, reported that the government's increased financial commitment to PAFT was in response to parent demand. From March 1994 ECD contracted four providers to provide eight PAFT programmes; two of these were specifically for Maori and one for Pacific Island families. As part of the 1994 Government Budget, the Minister of Education, Dr Lockwood Smith, announced that a further 12 programmes would be funded. These programmes were not limited to first-time parents. PAFT was not targeted at any particular section of the population, but decisions on the areas in which PAFT would be made available to parents were based on the need for such a programme, the region's population base, and the use of early childhood education services (Rivers, 1994).

The advertisement calling for expressions of interest by possible contractors for the further 12 programmes stated that contractors were expected to:

- "have experience and proven ability in the implementation of parent support programmes;
- implement the PAFT programme consistent with the core requirements of the Missouri Parents as Teachers (PAT) programmes and the NZ PAFT National Centre;
- be able to deliver services in culturally appropriate ways;
- work within a budget and timelines;
- provide written reports as negotiated and set out in the contract timelines" (Christchurch Press, 16/11/94).

Since 1994 the PAFT programme has continued to expand and over 25,000 families have been enrolled in it. During the eight month period to 31 December 2000, 204 parent educators delivered the programme to 8877 families in 65 territorial local authorities (ECD, 2001a). In the words of Livingstone (1998, p. 52) the "PAFT programme has now definitely become a New Zealand parent education and support initiative". With its emphasis on parents as their children's first teachers the PAFT programme appears well positioned to play a leading role in a new direction signaled by the Minister of Education, Hon. Trevor Mallard:

> *We also need to look at how we can recognise and support quality in early childhood education where parents – not teachers – are responsible for the education of their children* (Mallard, 2001a).

However, in recent years there has been some uncertainty about the future of PAFT because of a coalescence of circumstances. Continued government support and commitment to the funding of PAFT was not certain after the 1999 election and the formation of the Labour-Alliance Government. The PAFT programme was not mentioned in the New Zealand Labour Party's October 1999 early childhood education policy. The Alliance Party's 1999 policy referred to the PAFT programme as a trial:

> *The Parents as First Teachers trial will be evaluated to examine how better parenting can be achieved with input from all members of a community. A programme to initiate and support whanau and community-based parenting skills courses will be developed* (Alliance New Zealand, 1999).

On 3 April 2001, the Minister of Education, Trevor Mallard, announced that there would be a reallocation of funding within parenting programmes. The government would be increasing its

ongoing contribution to the Home Instruction Programme for Pre-School and Year One Youngsters (HIPPY) to $812,000 per annum (Mallard, 2001b). The HIPPY programme helps parents in disadvantaged communities to support their four to five-year-old children's learning in preparation for school. The PAFT budget of $9.7 million in 1999/2000 would be reduced by $300,000 in 2000/1 and by $712,000 in 2001/02. ECD is implementing the savings by tendering smaller contracts to replace expiring contracts in some localities. Almost half of the current PAFT provider contracts expired on 30 June 2001 and ECD decided that those contracts of longer than four years duration should be re-tendered. As PAFT contracts are of three years duration all of the expiring contracts had been renewed at least once. The disestablishment of Specialist Education Services (SES) was announced by the Minister of Education in February 2001. SES consequently advised ECD that it would not be tendering for any further contracts when its current contracts expired. The Early Childhood Strategic working group was established by the Minister of Education during 2000/1 to formulate a long-term strategic plan for the sector. A review of Parent Support and Development programmes was also initiated during 2001.

The next section in this report looks briefly at the different views expressed about PAFT since its introduction in New Zealand and shows that the provision of PAFT was contentious from the start.

Responses to the Introduction of PAFT

There were some strong reactions and responses to the introduction of the Missouri Parents as Teachers programme, renamed "Parents as First Teachers" in New Zealand. It created tensions within the early childhood education and health (Plunket) fields. Today such tensions do not exist according to Helen May (2001). She has described the early childhood sector as being more at "peace" and accepting of PAFT. PAFT has now become just another "one of a raft of programmes to support children and their families" (May, 2001, p. 226).

When the introduction of PAFT was proposed last decade by the Minister of Education, Hon. Dr Lockwood Smith, Sarah Farquhar (1990) questioned the lack of consultation with the early childhood sector as to whether a new programme based on home visits by trained professionals was wanted and needed. Other established programmes such as playcentre already provided parent support. A number of early childhood academics and groups pointed out that early childhood programmes in New Zealand had emerged from community need and argued against what they perceived as a culturally inappropriate programme imported from Missouri by a Minister of Education (Dalli, 1992; May 1992, 2001). An ECD employee, Carol Garden (1997), later however put forward an argument that PAFT was not alone in drawing on an overseas programme because many other New Zealand early childhood education services had drawn on overseas programme models, including Froebel and the Kindergarten movement, and Montessori.

The early childhood teachers' union, NZEI (Te Riu Roa) was opposed to PAFT because there was an already established system of early childhood education in New Zealand. The common belief, as expressed by Cynthia Slowley of NZEI, was that PAFT was in competition and "diverting valuable funds from mainstream schemes like public health nurses, playcentres, kindergartens and child care centres" (Rivers, 1994, p. C.15). Further, it was argued that the introduction of PAFT suggested a hidden political agenda of encouraging women to stay home and not use early childhood centres for their children (Cooper & Royal-Tangaere, 1994). According to Helen May (1992):

> *Many women knew that taking early childhood programmes into the home was not the kind of liberation from child-rearing they had fought for over so many years* (p. 96).

In contrast, Garden (1997) noted that arguments relating to PAFT being in competition with other services were redundant because PAFT was focused on parents, and was neither a traditional centre- based service nor a home-based early childhood service. PAFT complemented and did not replace other early childhood services because it provided an individualised, sustained programme over three years to support parents in their role as teachers (Devereux-Blum, 1997).

Leonie Pihama (1993) critically examined the assumptions on which the policy of PAFT was founded from a Kaupapa Maori perspective. Her analysis drew on the early policy documents, policy speeches and other material available at the time. Carmen Dalli (1992) also analysed early PAFT policy, from the perspective of an early childhood university academic. Both Dalli and Pihama agreed that the philosophy of PAFT emphasised deficiencies and deprivation in the area of parenting and was a compensatory and interventionist model of education. The programme assumed that by taking parents with children believed to be at risk educationally and socially, and transmitting the "desired" skills, knowledge and training the probability of later problems in areas like illiteracy, unemployment, and crime would be reduced. Dalli argued that the intervention of "experts" had the potential to undermine parents' confidence in their own expertise. Pihama (1996) pointed to research by Renwick (1985) showing that Maori parents did not feel comfortable about being visited at home by a kindergarten teacher. The insensitivity of the visiting kindergarten teacher (the "expert") at times exacerbated the stress and discomfort of Maori families. One of two parent education workers (not from PAFT) interviewed by Fiona Ellis (1998, p. 5) agreed with her that families might feel uncomfortable about being visited at home, but explained that "this could depend on why you were visiting and their perception of your visit".

Themes of language deprivation, cultural disadvantage and deficit theories were identified by Pihama throughout the PAFT policy literature and manual. Pihama pointed out that there was no inclusion or acknowledgement of Maori knowledge of te reo Maori or tikanga Maori. Further the employment of Maori people as parent educators was to ensure that Maori parents assimilated the knowledge provided and therefore supported an objective of social control through participation in the PAFT programme. After reviewing the evaluations of the pilot programmes, Livingstone (1998) concurred with Pihama that PAFT in its original form was indeed culturally biased and not ideologically appropriate from a Maori perspective.

More recently, Paula Bradley (1999) researched Maori parents' involvement and participation in PAFT. She had found Pihama's argument convincing from a theoretical position, but wanted to know the worth of PAFT for the Maori families who chose to participate in it. Bradley considered that PAFT could be seen as an opportunity for Maori families to redefine their authority and responsibility as the primary teachers of their children – a traditional role played by the family in Maori society. Bradley therefore took issue with what she described as Pihama's preoccupation with the initiation and adoption of PAFT from another western country.

Bradley's interviews with the parents/caregivers of Maori children enrolled in a Whangarei PAFT programme showed that parental confidence increased through their participation in PAFT, and the parents perceived that participation had helped them to be more effective and involved in their child's education. Maori parents commented on having the choice to participate and did not believe that PAFT was specifically targeted at Maori families. Further, all parents reported that the PAFT programme was appropriate to their family background.

> *In addition to parent educators' understanding and valuing Maori culture and traditions, many parents commented on the availability of PAFT written resources in Te Reo Maori also. Although none of the participating families used these as a resource, most noted their pleasure at it being offered to them* (p. 24).

Bradley's findings indicate that the delivery of the programme is important for its acceptability to Maori. The ability of parent educators to adapt and tailor the PAFT programme to suit the needs of families played an important role in how parents accepted and used the information shared with them, and how this led to greater confidence. Parents often used the term "friend" when describing their parent educator. They felt the parent educator valued and understood their role as parents and their child's first teacher:

> *The rapport established between the family and parent educator may be important for the success of the relationship. Trust established between the two parties often creates the environment for an honest relationship where the family can be assured their parent educator has their best interests at heart ... In relation to the Pihama (1993) critique that questioned the existence of power relations within the parent educator – family relationship, these data suggest that the power is shared* (p. 22).

While Bradley's research is significant because it directly addressed some of the initial concerns raised by Pihama and others about PAFT's introduction in New Zealand, there is a need for on-going evaluations of PAFT to investigate issues that have an impact on policy.

Over $840,000 was spent evaluating the four pilot programmes but the information yielded has not been useful for policy development and it came too late to have much of an impact on programme improvement. There were major methodological limitations in the evaluation studies as well as significant problems in programme delivery especially for Maori and Pacific Island families. ECD were contracted by the Ministry of Education and asked take over from Plunket and expand the delivery of PAFT before the results of the evaluations of the pilot were known. No further research has been provided for although there were major problems with the early evaluations and the findings are not applicable to the PAFT programme as it exists today. The next section of this report briefly explains the inadequacies of the pilot programme evaluations. A section looking at changes in the PAFT programme since the pilot was conducted follows this.

Evaluations of the Pilot

Background

Research teams from two New Zealand universities, Auckland and Otago, were contracted by the Ministry of Education to undertake evaluations of the pilot projects. The contracts were from December 1991 to March 1997. Dr Andrea Boyd from the University of Auckland evaluated the South Auckland and Whangarei pilot projects. Dr Phil Silva of the University of Otago evaluated the Dunedin and Gisborne/East Coast pilot projects. The Ministry of Education further commissioned an independent summary report of the evaluations by Dr Ian Livingstone of Chartwell Consultants in 1998.

As Livingstone (1998) concluded, the results of the evaluations were remarkably "bland" (see Boyd 1997a, 1997b; Campbell & Silva, 1997). Clearly there were high expectations that the pilot project evaluations would yield findings similar to evaluations of the Missouri Parents as Teachers programme. For example results of a 1991 evaluation of Parents as Teachers indicated that participating children showed significantly higher levels of achievement than national norms on measures of language and intellectual development (Pfannenstiel, Lambson & Yarnell, 1991). More than half of the children with observed developmental delays had overcome these by age three. Parent knowledge of child development had increased significantly for all types of families after the completion of the programme. In contrast, Campbell and Silva (1997), who evaluated the pilot projects in Dunedin and Gisborne/East Coast areas, reported that:

> *An array of assessments of the children and their parents were [sic] compared and, in general, these resulted in no significant differences between the groups [programme and control groups] being detected* ...(p. ii).
>
> *It is concluded that, while the parents involved said that they appreciated the PAFT Programme, no significant benefits to either the children or their parents resulted* (p. iii).

Findings were somewhat more positive in Whangarei and South Auckland but still did not provide sufficient confirmatory evidence to support the Missouri evaluations:

> *It is evident that for the 87 PAFT families in South Auckland, participation ... brought about some benefits for themselves and for their children's development, although overall benefits were noticeably fewer than for the Whangarei PAFT families. The South Auckland PAFT families undoubtedly felt positive about their participation in a PAFT Programme, and it is of interest that the most common request for change was to continue the programme until the children were five years old – a further indication of the Caregivers' appreciation of support from Parent Educators. However, few significant differences overall, were evident between the PAFT Programme and Comparison groups – either in terms of children's development, or Caregivers' knowledge of children's development. Some encouraging findings indicated PAFT Programme effects e.g., PAFT children experiencing a wider range of activities than Comparison children – both within and outside their homes. Some Caregiver behaviours were also indicative of increased awareness of the need for responsivity toward young children, e.g., the more reflective behaviours of PAFT Caregivers during the shared-book sequence, and more positive evaluations of their children during the Clinic Assessment. PAFT children had more advanced Fine-Motor skills than Comparison children, possibly as a consequence of being provided, by their Caregivers, with activities and experiences designed to enhance these skills. However, approximately three-quarters of all children (from both groups) had suffered ear infections during the three-year period, with Plunket Nurses and General Practitioners providing the bulk of health and development services for these children* (Boyd, 1997a, executive summary).
>
> *Whangarei PAFT children were significantly more advanced in their overall development than Comparison children, and had fewer developmental delays, as these had usually been identified by Parent Educators and referrals made for appropriate interventions. Furthermore, PAFT children scored significantly better on overall intellectual functioning, and in particular on the sequential processing measures of intelligence. Caregivers' interactions, also, were observed to have several features which were significantly more positive overall, than those of Comparison Caregivers – with children obviously benefiting from their provision of a wider range of experiences and activities, use of more early childhood services, and demonstration of more positive responses to their children's behaviours. Whilst formal knowledge of child development appeared not to distinguish the groups, PAFT Caregivers rated their children's development significantly more highly than Comparison Caregivers – indicating a higher level of confidence and understanding in this respect. It is probable that the confidence thus demonstrated by PAFT Caregivers has developed as an outcome of highly supportive and positive relationships with Parent Educators over the three-year PAFT programme* (Boyd, 1997b, executive summary).

Methodological issues

In his summary report Livingstone (1998) raised questions about the methodology of the evaluation studies. An experimental design methodology was employed, which in educational research is considered highly problematic because in social settings human behaviour and expectations are not easily controlled and measured. For example, nearly one-quarter of the control group parents reported that they had been encouraged to look for parenting help elsewhere. Parents in the control and intervention/programme groups both lived within the same communities. The research design did not take into account the fact that parents, knowing they were not going to receive the same benefits as other parents because they were not selected for the programme, would seek parenting information elsewhere.

An experimental design raises ethical issues of providing the benefits to some but not to others. Livingstone noted that parent educators regularly alluded to the ethical difficulties of not providing PAFT to the comparison group. The evaluation teams downplayed the "resentful demoralisation" of parents in the comparison group who did not have access to the presumed advantages of the programme group, but this may well have influenced the results. Seymour (1994) observed that while many families were happy with the idea of receiving PAFT, they were not happy with the possibility of being in a control group and still having to participate in the various tests and measures. Two in every five parents approached to participate had declined to participate. This low acceptance rate has implications for the ability to generalise from the findings.

A battery of different overseas and locally developed instruments was used to evaluate and compare outcomes for participants. However, a danger of the psychometric approach is that the focus can become one of 'teaching the test" rather than seeing children as learners with developing abilities and the programme being flexible enough to recognise and support individual differences (Gordon & Browne, 1993). The consensus of opinion amongst early childhood education researchers is that methods of authentic assessment such as observations are preferred to standardised testing which is considered inappropriate and potentially stressful for young children, and especially so for children under three:

> *Do we gain any new information about children from testing? Standardized testing seldom provides information beyond what teachers and parents already know. The systematic observations of trained teachers and other professionals, in conjunction with information obtained from parents and other family members, are the best sources of information* (NAEYC, 1988, p. 7).

Livingstone suggested that one reason for the "blandness" of the pilot research results may have been that the instruments, many of which were developed overseas, were not sufficiently sensitive to measure adequately the differences between the control and programme groups that were educationally important in the New Zealand context. Seymour (1994) commented that members of the evaluation teams had difficulty agreeing what instruments to use and the ages at which to test the children.

Implementation issues

There seemed to be many "teething" problems in the implementation of the pilot projects. According to Livingstone implementation problems included:

- Parent educators were frustrated that the requirements of the evaluation dominated their early visits to families. They felt the need to apologise for what they (and some families) considered inappropriate or irrelevant requirements of the research evaluation (p. 26).

- Parent educators were initially upset that they were asked to fill in questionnaires when they had not consented to be part of the research in that way (p. 27).

- During staff appraisal visits in October 1992 the national coordinator at the time noticed that many parent educators focused their delivery of PAFT on the child rather than the parent. A side effect was a perception that PAFT was a mobile early childhood centre, and some parents left the room to do something else, and even apologised for what they did with the child (p. 29).

- Parent educators reported that language and cultural barriers limited the value of PAFT for Maori, Pacific Island and immigrant families (p. 43).

Hans Wagemaker, who was then the Ministry of Education's senior manager for research, said that the value of the evaluations were not in showing whether PAFT worked or not, "but in the information they provided throughout the process and which could be used to modify the programmes" (Rivers, 1994). ECD began the process of modifying PAFT when it was contracted in 1993 to oversee the expansion and monitoring of PAFT, and before the results of the pilot evaluations were known.

Changes in the PAFT Programme

The PAFT programme today is substantially different from the pilot projects. In 1998 the Associate Minister of Education, Brian Donnelly, noted that "there has been a move towards ensuring families are coping well – that they get the social services they require to ensure their circumstances are good enough to cope with the demands of being a good parent". PAFT parent educators ensure that families are aware of, and are supported in accessing Well Child health services and early childhood education services, and provide referrals to support agencies where needed.

According to Lorraine Tarrant (1999), national coordinator for PAFT, the major strengths of PAFT are that it:

1. contains basic good information based on the latest research and educational theory, and
2. parent educators are able through their background, knowledge and skill to adapt this information to individual families.

In the pilot projects families were recruited by approaching new mothers in maternity hospitals and contact started when infants were one month old. Today PAFT programme providers receive referrals from a wide range of agencies and parents may self-refer. Contact can start before infants are born and the PAFT programme includes prenatal development.

Initially offered to all families in the available locations up to the contract number of families PAFT providers were able to enrol, PAFT programmes since 1998 have become more targeted. In late 2000 ECD instructed PAFT providers to have a specific targeted recruitment plan based on a range of criteria associated with poor outcomes for children. These include: ethnicity, low income, teenage parents, lone parents, limited family support, and major lack of skill in parenting.

From the time it took up the coordination of PAFT programmes ECD stated that it had been aware of, and had tried to avoid, the major difficulties noted by Pihama in what was originally envisaged for PAFT (ECDU, 1996). For example, Pihama (1993) had argued that the pilot PAFT model was based on the assumption that parents were failing in their parenting:

> *Processes of educational change concerning Maori children has focused predominantly within a 'victim-blaming scenario. Maori children, Maori people have been viewed as being deficient and Maori underachievement defined in terms of Maori children lacking appropriate skills and knowledge. PAFT clearly maintains such an emphasis with a prime objective being one of changing the Maori parents, which is envisaged with provide a domino-type effect, leading ultimately to changing the Maori child to an extent to which they will achieve more successfully within the structure of the present system* (p. 115).

According to Devereux-Blum (1997) an ECD employee at the time, far from seeing parents as lacking in skills and knowledge the PAFT programme "assumes that all families have strengths they can build on and use to meet their own needs, accomplish their own goals and ... promote the well being of the family members" (p. 2).

Another concern Pihama (1993) expressed about the original pilot programme model was its lack of cultural relevance for Maori:

> *The material available derives, on the whole, from Missouri and at no point provides any inclusion of Maori perspectives on parenting, childrearing or education generally* (pp. 115-6).

Since the completion of Bradley's (1999) research indicating that for Maori families there were positive benefits from participating in PAFT, *Ahuru Mowai*, a Maori overlay of the PAFT programme has been developed. Ahuru Mowai recognises and reflects the strands of *Te Whariki*, the national early childhood curriculum for centres and home-based care services. It supports the principles of Whakamana (empowerment), Kotahitanga (holistic development), Whanau-tangata (family and community involvement), and Nga hononga (relationships). Ahuru Mowai is accompanied with a resource *Te Mahere Kaupapa Maori* that brings together information on Maori cultural understandings with suggestions for their practical application.

In 1991 when recruiting began for staff to work in the pilot projects, plunket nurses were sought. In more recent years the emphasis has been on staff with qualifications in early childhood education, and on their knowledge and understanding of Maori values and customs (ECDU, 1996).

Since 2000 PAFT has had a new curriculum, incorporating *Ahuru Mowai* as the New Zealand dimension and *Born to Learn*, which includes the latest neuroscience research findings from the United States on early brain development (ECD, 2001b). In introducing the new handbook for parent educators Caryl-Louise Robinson, the Chief Executive of ECD, wrote:

> *[the handbook]... incorporates Born to Learn curriculum developed by Parents as Teachers (PAT) Missouri within a uniquely New Zealand context, guided by Te Whariki the national early childhood curriculum, and Ahuru Mowai, the Maori dimension of PAFT. Ahuru Mowai refers to a warm and sheltered haven. It links traditional Maori philosophy with modern curriculum thinking, and provides explicit support for Maori parent educators, nga kawhakaahuru, in their delivery of information for Maori whanau* (ECD, 2000, Forward).

In respect of making research on early brain development accessible and understandable to all families, the PAFT programme appears to be ahead of other programmes and the early childhood field in general which are just beginning to recognise the importance of this research (Meade,

2000). PAFT's new curriculum is being offered as the education component in the Family Start programme[2] which indicates that the delivery of PAFT is flexible.

It is within the context of PAFT as a now well-established parenting programme, which is considerably different from the pilot, that the present evaluation study was conducted. The focus of this first report on the evaluation is the parents' perspective of PAFT. It follows the suggested direction for future research made by Bradley (1999) that the benefits to families should be given more attention because "perhaps the confidence gained by parents ... could be equally as valuable as benefits to child development" (p. 24).

[2] Family Start is a combined education, health and welfare initiative, aimed at the most at risk families.

METHODOLOGY

Research Aim

The aim of the research presented in this first preliminary report[3] was to investigate the views of families concerning their participation in, experiences of, and satisfaction with PAFT. The findings are presented here of an analysis of the Family Exit Survey administered by ECD to all families on or around their child's third birthday.

Sample

The sample comprised 400 families. They were families who had a child (or children in the case of twins) enrolled in PAFT who was three years of age and had graduated from the programme. To protect the identification of participants and their parent educators all names have been replaced within the text of this report and direct quotations with the appropriate general terms of "child", "sibling", "parent", "family" and "parent educator".

Most participants were first-time parents (n = 286, 71.5%)[4]. This included three families who were first-time parents with twins. The ethnic group(s) that families identified with were varied. Most responded that they were Pakeha/Europeans (n = 233, 58%). Some stated that they were Maori and Pakeha/European (n = 41, 10%) or Maori (n = 29, 7%). A sizeable number of families defined their ethnic group in general terms such as kiwi and New Zealander (n = 43, 11%). There were 44 "Other" families (11%), which included 6 Pacific Island, 5 Asian, 4 Maori and Pacific Island, 4 Pacific Island and Pakeha, and a diversity of other ethnic groups and combinations. Ten families (2.5%) stated no ethnic group(s).

Table 1 shows the regions where the families lived when they completed the programme. Participants came from Kaitaia to Riverton. The greatest number of participants came from the Auckland region, which includes North Shore City, Waitakere City and Manukau City. The least number of participants came from the regions of Southland, Taranaki, the West Coast, Tasman/Nelson/Marlborough, and Gisborne. The relative number of families in each region roughly reflects the size of the population for each area, except for the Canterbury sample, as the Canterbury region has the second largest population in New Zealand.

[3] The final report will take a broader look at the issues and challenges in the provision and delivery of PAFT. It will include further data from other sources and perspectives.

[4] Two families had twins from the second pregnancy who were enrolled with PAFT. One family ticked the box labelled "other" (possibly this was a foster arrangement or they had a larger family size). One family indicated that their third child was enrolled in PAFT, and added a note to explain that their first child was stillborn and PAFT had not been available in their geographical area when their second child was born. It is not known how many of the families may have counted children who were still-born or miscarried when they indicated whether the child enrolled on PAFT was their first, second, third, fourth or other.

Table 1. Number and Percentage of Families Residing in Different Regions

Region	Number	Percentage
Auckland	67	17
Waikato	59	15
Bay of Plenty	51	13
Wellington	42	10.5
Canterbury	34	8.5
Otago	34	8.5
Manawatu-Wanganui	27	7
Northland	20	5
Hawke's Bay	12	3
Southland	9	2
Taranaki	9	2
West Coast	9	2
Tasman/Nelson/Marlborough	8	2
Gisborne	7	2
Not decipherable/Not known	12	3
Total	400	100.5

Method

For information on the structure, type of questions asked, and content of the Family Exit Survey please refer to the survey form in the Appendix. The Family Exit Survey was designed by ECD staff and is used primarily to gather feedback for staff to support programme improvement and to include as performance evidence in progress reports to the Ministry of Education. Thus, some questions that would be of interest for the purpose of an external evaluation of PAFT are not contained in the survey. For example, questions on: household income, parent age, parent school and tertiary education, reason for enrolling in PAFT, whether the child had any developmental delays, and the level of support available from other adult family members within and outside of the household.

The parent educator gives families a Family Exit Survey form and a stamped addressed envelope to anonymously send it to the PAFT National Centre at the ECD national office in Wellington. Completed survey forms are kept in boxes in a storeroom at ECD. In February of this year (2001) the researcher visited the storeroom and uplifted three of the latest boxes of survey forms. At the time, no decision had been made on how many survey forms would be processed and the researcher was prepared to uplift further boxes if necessary to meet the study's aim. There were 503 completed surveys in these boxes. All survey forms had been received between June 2000 and early February 2001[5]. The survey forms were processed at random on the computer. After the first 100 surveys were processed patterns in the responses began to emerge. There appeared to be remarkable similarity in the responses of families to each question. Categories for the responses to most questions could be identified at this point in the data analysis process.

[5] Two of the forms included notes from parents indicating that they had completed the programme some months earlier but had only recently found the time to complete the survey. The forms from these families were not used. One form was incomplete with a page missing and this was not used. Two other forms were not used because they had one or more pages that had not been filled in (they may have been missed by parents because the survey was printed double-sided).

After 200 surveys were processed it became obvious that little further information would be added by continuing to process more. However, for confirmation of this and to be able to state with confidence that the findings presented in this report represented the views and experiences of families completing the PAFT programme in 2000/2001, 400 surveys were processed. Of the 400 survey forms, 354 were dated between early June and 31 December 2000 and these were given a number code from 0001 to 0354. The remaining 46 survey forms were dated 2001 and were given a different number code to indicate this, from 1000 to 1045.

Data Analysis Procedures

Categories were developed for responses on individual questions where a comment or explanation was asked for. The number and percentage of responses to closed questions could be calculated without further coding, for example, Question 17. "Has your child attended any early childhood groups or centres? "Yes", "No", "If yes, which type?" The number of yeses and the number of noes were separately added up. However, if a parent for example ticked the "Yes" box to this question and then specified that the group or centre was a tots' swimming class, then this was calculated as a "No" response because the parent had interpreted the question too widely. Only if the group was an informal (e.g. playgroup) or formal (e.g. organised crèche) early childhood education service was the "Yes" accepted.

On Question 20 if parents reported that PAFT had increased their confidence to participate further in their child's education then their positive response to the question of whether they would be involved in other education services was accepted. If PAFT had not influenced their involvement then this interest in involvement was not recorded. On Question 16, use of community services was recorded only if parents indicated that "Yes" they did receive information about services through PAFT and that they had used one or more of the services they learnt about through PAFT. On some questions responses were grouped to help to highlight differences. For example on question 12 concerning the number of group meetings parents had attended, the ticks in the first two boxes of "0" and "1 – 10" were brought together for a category of "low" attendance. "Medium" attendance became the category of analysis for the "11 – 20" group meetings box, and because so few parents indicated that they had attended more than 20 meetings a single category of "high" attendance was applied for the next two tick boxes.

Written responses to open questions and additional comments were recorded and drawn on in the preparation of this report to illustrate the broad range of respondents' views in the results.

RESULTS

1. Content

1.1. Written material

The written material provided to parents was "very useful" or "useful" to the vast majority of families (n = 353, 88%). The reasons for the materials usefulness varied. Some parents commented that they liked the information covered in the material and how the material was put together and written.

> *I've read widely and am extremely critical of much that is written for parents, but the PAFT materials had a nice tone and were evidence-based* (0351)
>
> *Enjoyed a lot of the psychology and developmental literature especially* (0228)
>
> *They were short enough to read during [my] spare time, and not complicated with jargon from professionals* (0035).

Parents liked the focus on child development and having the material linked to the age and developing abilities of their child.

> *I learnt/noticed a lot of the developmental steps of my child that I would not have probably noticed (*0146)
>
> *Especially things for the child to do in the next month e.g. playdough* (0116)
>
> *I really enjoyed looking back to get an extensive view of where they were at, at a certain age* (1043)
>
> *Very helpful and gave incentive to teach and enhance my kids level of education (*1004).

The written material was useful because it supported what parent-educators and families had talked about and provided a record of the visit as well as a reference to go back to as needed:

> *They emphasised what was already discussed which was positive* (0250)
>
> *Something you could absorb at your own pace or refer back to* (0091)
>
> *Sometimes I would forget some of the stuff we talked about so it was great to look up the information* (0075)
>
> *Useful for points of reference for particular behaviour/events as they arose* (1027)
>
> *Great to keep, especially now we have a second child* (1040).

Some found that the material was invaluable because of difficulty in accessing other services (or sources of information) because of their personal circumstances.

Living in the isolated Far North I found the material more helpful than even Plunket was (0320)

When I returned to work (and mum looked after my babies so [child] could complete the programme) I could read the handouts and keep up to date (0083).

Primary caregivers found the written information useful to share with other family members who were not available to meet with the parent educator and participate in the home visits.

It was good for my husband as he could read them when he got home from work (0303)

Reading material easily understandable so family members and carers can all access (0354).

Families also shared the written material (in spite of copyright) with friends and other families. Comments suggested that families considered the information valuable for other parents who were not PAFT parents or who wanted to be on the PAFT programme but were not eligible because of movement toward increased targeting of "at risk" families:

Enjoyed passing on information to non-PAFT families too (0279)

I also lent them to friends with young babies who couldn't get on to the programme (0103)

I often wanted to photocopy and give them [handouts] to friends who were unable to get on PAFT (0089)

I have shared many articles with friends (0035)

Beneficial for whole family and friends who are not members (0354)

Written material has provided a great conversation at playgroups. So much useful information and ideas to discuss (0352)

Have currently loaned them [PAFT handouts] to a friend in Tauranga (Auckland family, 0184).

No parents reported that the written information was not useful. The minority of parents (n = 47, 12%) who found the material only partly useful (either mostly or sometimes useful) said that the material sometimes did not match the development of their child or they already had the knowledge given in the written material:

I found some of it came a little late, but it was very useful to have and keep for notes (0106)

I needed more advanced handouts. My daughter was ahead of the "what to expect" (0330)

Our child's mother is already well qualified and experienced in child development (0213).

The written material was only partly useful for some parents because of their personal circumstances or interest/motivation:

Not able to read – my niece read the written materials with me or sometimes my caregiver (0328)

Disciplining oneself to sit down and read it all, was sometimes the challenge!! (0010)

It's good to have the material to refer to. There's a lot of it. I like reading but it's hard to remember things in the day-to-day muddle of living with little ones (1000).

1.2. Ideas on play activities, books and toys

The ideas parent educators shared with families on play activities, books and toys were judged suitable (including extremely and very suitable) by nearly all parents (n = 391, 98%). Comments focused on the suitability of activities for children's developmental age, the emphasis on low cost and no cost activities, and the value of the ideas for parents' own learning and enjoyment.

Wonderful ideas for using items that would often be thrown away. How often have kids found the cardboard box way more fun than the new toy? (0105)

Very affordable – great to make things with everyday household items and reasonably inexpensive items (1013)

Inexpensive but impressive. Great ideas I wouldn't have thought of otherwise. I have shared them with my extended family too (0102)

Parent educator comes along with good ideas every time. My daughter goes straight to her bag before she gets a chance to sit down and say hello when she arrives. Her books are the most interesting things in the bag as far as my daughter is concerned. After three years of her visits our bookshelf is very full (0070)

My daughter and I still play some of the younger activities she loves. Playing at any age is great (0106)

The activities seemed to be either something that child was very interested in at the time or something that helped her gain confidence in a developing skill (0057)

As a teacher of 5 – 6 year olds, it provided me with new ideas appropriate to my son's needs and also reinforced things that I already knew or tried (0035).

The teaching ideas were perceived as being too easy (or sometimes too easy) for a small number of families (n = 8, 2%).

Suitable – but sometimes too easy (0099)

Often we had already figured out the next stage of activities before the visit (1005)

Easy. Hence, parent educator went out of her way to provide [more] challenging and interesting activities for my daughter (0184).

Only one parent commented that the ideas were "too hard" and this appears to be due to personal circumstances:

> *I've been too tired to sit down and initiate play with my child ... A lot of the ideas suggested mean collecting things, storing them, getting them out, showing him [child] what to do, cleaning up the mess – and all for maybe two minutes of play. Too exhausting when there's so much else to do to look after a family* (1000).

2. Home Visits

2.1. Level of comfort

Nearly every family (n = 397, 99%) liked the personal visits to their home. They felt comfortable with the parent educator coming into their home because they were coming to visit them and not their house:

> *Did not judge me if I was still in my nightie or when the house was a mess* (0245)

> *Because they [parent educators] accepted an untidy house is a normal routine for some mothers. They came only to see me and my child* (0313)

> *Sometimes the house is in a big mess and I was a bit embarrassed but she [parent educator] never seems to mind, she makes me feel comfortable at all times. She is a unique person and never ever made us feel uncomfortable* (0070)

> *[Parent educator] respected our rules in our home and fitted in well* (0091)

> *[Parent educator] never even expected a cup of tea. I felt very easy and relaxed with her in my home. She would take us as she found us* (0199).

No parents stated that they felt uncomfortable being visited by their parent educator, and only three "sometimes" felt uncomfortable. One Maori parent suggested alternating visits between home and the Plunket rooms (0118). Two parents expressed initial discomfort with having a visitor they did not know in their house:

> *Found it a bit stressful for the first six months accommodating a "stranger" when getting used to new child and routine myself* (Pakeha family, 0242)

> *Until I got to know the parent educator I worried about the mess in my house* (Maori-Pakeha family, 0350)

2.2. Benefits of home visits

The comments made by parents on the question of whether they felt comfortable with home visits indicated a strong preference for this form of programme delivery, as opposed to meeting at a different venue. No relationship was found between ethnicity and family comfort with home visits. The reasons given for wanting home visits focused on their family needs including those of the children, convenience, and personal enjoyment (n= 56, 14%).

> *More relaxed. Younger children could eat or sleep* (0174)

Living in the rural sector, home visits for "anything" are very rare; so have appreciated PAFT very much (0039)

It's easier for me because I'm very shy around other people (0305)

Having another baby when child was 25mths [meant] home visits made things easier as I could breast feed comfortably and keep routines (0048)

Especially in the early years because of my genuine fear of infections because of child's fragile lungs. It has more relevance to the family and makes it more personal. Makes it easier as opposed to going for an appointment (weather-wise, child safety, hassle of transport) (0081)

It would have been very stressful to regularly go out to an external venue because of all the other demands on our time (0173)

Always enjoyed our visits and the opportunity to chat around issues that affected the family and child (0247).

Some families (n = 44, 11%) pointed out that home was the most suitable place for parent education because this was the environment that they and their child lived in and it enabled the programme to be better tailored to suit their individual needs.

Surely it's the only way they can get an accurate idea of how your child is and where they are at (0256)

I regarded this as one of the best aspects of the programme as they saw my child in her own environment (0300)

More personalised. More at ease! Better for myself and my child (0011)

Visiting in own home allows all to be relaxed which provided a better learning environment (0281)

I appreciated the parent educator's comments on play equipment, safety, and barking (as in under swing) (0200)

More comfortable as it was more family oriented (1007)

Didn't have problem of my child feeling shy for the first 15 – 20 minutes in a different environment (1021)

Our parent educator got to meet grandparents and aunties. Children feel comfortable in their family home (0327).

2.3. Length of home visits

Home visits were about one hour in length for the majority of families (n= 294, 73.5%). This is the recommended length of time for parent educators in the PAFT programme. However, parent educators may vary the length of their visits according to child and family need, and it appears that this does happen. Home visits for five families (1%) were generally under one hour. For

other families visits were usually one-hour-thirty (n = 69, 17%), usually one hour and sometimes up to one-hour-thirty (n= 27, 7%) or up to two hours (n = 5, 1%).

Families were mainly happy with the length of their home visit (n = 372, 93%). A small number of families wanted the home-visit to be shorter in time (n= 3, 1%), or for the visit to be longer than it was (n = 28, 7%).

2.4. Frequency of home visits

The PAFT programme recommends that parent educators visit families monthly, although they may visit more frequently if the family needs this. The majority of families were happy with the monthly visits (n = 382, 95.5%), while a small number wanted to be visited more often (n = 16, 4%) or less often (n = 2, 0.5%).

Parents' additional comments about the frequency of home visits indicate that some families (n = 19, 5%) felt that the frequency of visits could be varied depending upon the child's age. However, there was no agreement as to the age at which home visits should be more or less often, as the following quotes illustrate:

> *In the early weeks up to five months fortnightly or three weekly [visits] would have been better* (0171)
>
> *Perfect for first 2 years. Then could spread to every two months in the third year* (0293)
>
> *Maybe after first year make visits every second month* (0118)
>
> *Must admit in some situations [we] could have had more visits dealing with those "terrific twos" times* (0307).

Three families who felt the frequency of monthly visits was good included a comment to explain that the need for more contact was sometimes unpredictable:

> *There was the odd issue which I would like to have discussed between times. Once, I rang* (0338)
>
> *I always felt I could contact my educator sooner for advice if I wanted to* (0222)
>
> *Sometimes I needed to talk to my parent educator sooner than the visit, but I would call her, which was great* (0075).

A problem with receiving their "entitlement" of monthly visits was raised by a small number of families (n = 22, 5.5%). The problem was either with parent educators or with themselves not always keeping appointments, and when this happened they lost visits.

> *Only problem was the frequent "training sessions" [for parent educator] which meant a missed visit. Perhaps a lighter client list would mean sessions [home visits] missed due to the parent educator being ill could be caught up instead of missed* (0314)
>
> *Because of the heavy workload of the parent educator, when one or other of us missed a visit, normally two months visits would end up being combined* (0247)
>
> *I am disappointed in that toward the end the educator cancelled several appointments saying she was busy and I was one of her "lesser needs" parents* (0164)

I had many absent days e.g. sick children, funerals etc, and I found I had to wait for the next month to get a visit. An alternative second visit for one month would be good (0196).

3. Group Meetings

3.1. Attendance

Group meetings were not as popular as home visiting. Most families attended ten or fewer group meetings while in the PAFT programme (n = 366, 91.5%). A small number of parents attended 11 to 20 meetings (n = 22, 5.5%) or more than 20 meetings (n = 12, 3%). PAFT programme providers are probably unable to do anything about the following reasons parents gave for not attending more group meetings, namely:

- Being too busy (n = 65, 16%)
- Work commitments (n = 60, 15%)
- Children's needs, e.g. younger siblings needing to sleep (n = 31, 8%)
- Motivation, forgetfulness, choosing not to go (n = 21, 5%)
- Parents' health (n =2).

However, PAFT programme providers may be able to do more to address the following barriers for parents attending more group meetings:

- Time clashes between the time of the group meeting and other events and appointments, e.g. on at the same time as playcentre or a plunket mothers' coffee group (n = 59, 15%)
- Distance to the meeting (especially for rural parents) or location issue, e.g. access to car parking (n = 45, 11%)
- Childcare issues (n = 29, 7%)
- Lack of transport (n = 27, 7%)
- Need for better notification of meeting times (n = 9, 2%)
- Topics not interesting or reluctant/shy about group meetings (n = 20, 5%)
- Company needed to go to meetings/not wanting to go alone (n = 5, 1%).

3.2. Benefits

Group meetings served mainly a social purpose for families. Parents' comments on the best things about group meetings centred on the opportunity for social interaction and contact with other parents and children (n = 111, 28%). In addition, parents liked the opportunity to listen to other parents and share their experiences and problems for support (n = 45, 11%). The social aspect of group meetings therefore seems to be an important motivator and a benefit of attending the meetings. In the words of one parent "interaction with adults – you can miss this when you have young children" (0243). Not as many parents valued group meetings for information on a particular topic or structured parent education activities (n = 65, 16%). A small number of parents liked group meetings simply to "get out of the house" (n = 8, 2%), get a rest away from the home situation (n = 7, 2%), or to go on an organised outing, for example to the fire station or pony riding (n = 6, 1.5%).

4. Service Information and Referrals

4.1. Health and community services

A role of the parent educator is to inform families of relevant agencies and groups in their community. They can also provide direct referrals to specialist services when families need this. This component of the PAFT programme appears to be working well as the majority of families used one or more community services that they had been told about or referred to (n = 266, 66.5%). The different services parents used because of the information or referral given by their PAFT educator were as follows:

- Toy library (n= 83, 21%)
- Plunket nurse, family centre, Karitane help (n = 77, 19%)
- Library (n = 60, 15%)
- Pediatricians and general practitioners (n = 10, 2.5%)
- Specialist Education Services and other special needs services (n = 8, 2%)
- Dental nurse or dentist (n = 7, 2%)
- Speech therapist (n = 6, 1.5%)
- Parent-line, Birthright, a family focus training course, eye specialist, podiatrist, psychologist, university sleep programme, osteopath, homeopath, asthma nurse, gym, book club, educational children's shops, and swimming (each service was used by fewer than 6 families).

4.2. Early childhood education services

An early childhood education programme of some sort was attended by the children of nearly all the PAFT families by the time children were three years of age (n = 361, 90%). Of the families who used an early childhood service, 329 stated which kind or kinds they used. The most popular services were childcare, including crèches, private kindergartens, daycare, preschool, CCS preschool, and family daycare (n = 180, 55%), followed by playcentre (n = 101, 31%), playgroups and REAP (n = 87, 26%), kohanga reo (n = 17, 5%), Montessori (n = 11, 3 %).

PAFT parents may be using more than one early childhood service or planning to change the early childhood service their child attends now the child is older. Over half of all families were on the waiting list or had very recently started their child at a state kindergarten (n = 203, 51%). A smaller number of families had enrolled with the correspondence preschool (n = 9, 2%), or were on the waiting list for one of the following services: childcare centres, Montessori schools, Rudolph Steiner schools, HIPPY programme, or Te Kohanga Reo (n = 21, 5%).

5. Relationships with Parent Educators

5.1. Parent educator's approach

Parents' comments indicated that they very much valued the one-to-one relationship they had with their parent educator. The personal attributes of the parent educator and how she or he (the name of one male educator was mentioned on some survey forms) related with them received praise from the majority of parents (n= 384, 96%). To illustrate:

> *Never made me feel like a "bad" parent. Always supportive and encouraging* (0254)

> *I feel very comfortable with my parent educator and could have told her some very personal things* (0226)

What an awesome lady to have had in our family's life for the last three years (0068)

We have developed a close whanau relationship with her (0196)

A fantastic role model. An excellent listener (0039)

Always very encouraging. Parent educator reminded me often of new and interesting ways of cherishing these precious years (0097)

Parent educator has skills that put me at ease and ability to judge when to investigate further when faced with a sometimes floundering mum (1041).

No families indicated that their parent educator's approach to working with them was unacceptable. A small number of parents (n = 16, 4%) stated that their parent educator's approach was "generally" appropriate. Comments as to why they felt this included:

By the book -- inexperienced parent educator (0249)

Lack of confidentiality re other clients. Fixed viewpoint on some things (0033)

Occasionally used language I was not happy with (0161).

5.2. The effects of a change in parent educator

About half of the family sample had the same parent educator from the time they started on PAFT until the time their child graduated (n = 205, 51%).

Looking at the comments made by families who had more than one parent educator (n = 195, 49%), the majority (n = 158/195, 81%) felt okay about the change, although some expressed initial apprehension about having a new educator or sadness in losing their current educator.

Sad to see first parent educator go. More than happy with second parent educator (0338)

Son adapted quickly to the change as only 10 months old (0182)

I was devastated to lose my parent educator and felt like dropping the programme, but my fears were unfounded. The new educator was incredible (1033)

When new parent educator took over I had to remember not to compare them, and when I got to know our new parent educator she was excellent in her support also (0226)

First exceptional. Second good too. Felt we were just lucky to be on the programme at all, so we have no complaints (0293)

We moved from Wellington to Tauranga. The change was well handled. I don't think we missed a month's visit. It was good to see two parent educator's styles (1007)

Excellent. We had known [new] parent educator before she started with us (0346).

However a change of educator was not such a positive experience for some families (n = 37/195, 19%). The reasons for this were either personal in terms of the relationship families had with their past and new parent educators or to do the employment and availability of parent educators.

> *It was not good changing as the child gets to know the person and then suddenly they don't come anymore* (0092)
>
> *My daughter adapted okay. But I found it disruptive as you start to get to know one parent educator and then change. I ended up getting to know three over the three years* (0064)
>
> *It was hard to bond with a new parent educator half way through* (0087)
>
> *A bit off-putting. The new parent educator was nice, but wasn't the same as having the one who was with us from before our child was born* (0206)
>
> *4! Lost continuity – had to go over everything about my child again and again with each person* (0188)
>
> *A bit disappointed we weren't going to finish the programme with the same parent educator (only three visits to go)* (1006)
>
> *Just a shame there was a problem getting a consistent educator in Hawkes Bay/Havelock North. We had three different parent educators* (1019)
>
> *The delay in finding and employing my current parent educator was frustrating* (0022).

It is difficult to know from the responses exactly how many of the changes in parent educator were due to staffing problems and how many to family mobility, that is shifting town. This question was not asked in the survey but would be useful to follow up on, as clearly the relationship formed with the parent educator is very important for family participation in the programme. At least 21 families (11%) moved to a different town and therefore had no choice but to have a new parent educator if they wanted to continue with the programme (these families mentioned that the change was because they had moved).

6. Acceptance and Support of Family Culture

6.1. General rating

It appears that PAFT does respect differences in family culture. The programme materials and parent educators generally support these differences. No families felt that PAFT was not accepting or supportive of their culture. The majority of families (n = 374, 93.5%) felt that their culture was supported or that it was simply never an issue.

> *Supportive of my decisions as a solo parent* (Pakeha family, 0197)
>
> *The parent educators accepted my push away from the family beliefs and culture. They gave me a chance to bring up my child the way I want to* (single Maori mother, 0313)
>
> *Parent educators were totally empathetic with us, and our opinions, beliefs* (Pakeha family, 0194)

I found it very accepting, because I've learnt that [there] are more exectible [acceptable] ways of disciplining a child (Maori-Pakeha family, 0043)

We are into organics, environmental stuff etc. It was good to have a parent educator who was aware of these issues (Pakeha family, 1000)

My parenting philosophy was sometimes slightly different than what was in material e.g. family bed attachment parenting; but educator was interested in this and used some of my info for other families with similar philosophies (Pakeha family, 0279)

Our educator gave what material she had for our culture. At times we shared resources (Maori family 1031).

A further 22 families (5.5%) gave a rating of "mostly" supported and four "sometimes" supported (1%). Few parents commented on why they gave this rating. The comments given were:

Needed some flexibility to "nga tikanga Maori" (Maori family, 0317)

The former [first] parent educator was Maori [of same ethnic group] and I appreciated the culturally appropriate feedback (Maori family, 0118).

When a comparison was made of the ratings of overall satisfaction with the PAFT programme (see Section 8 below) and ratings of support for family culture, a relationship was found between these two sets of data. A high proportion of the 26 participants who felt their culture could have been better accepted and supported also gave a rating of less than "extremely" satisfied with the PAFT programme overall (n = 19/26, 73%). The proportion of families who were both less satisfied with PAFT and not totally happy with the support shown for their culture was small (5% of the sample of 400). This finding nevertheless does highlight the importance of PAFT providers continuing to work towards ensuring a neutral, non-judgmental and supportive approach in programme delivery.

6.2. The effect of differences in family and parent-educator ethnicity

Differences in the ethnicity of families and the parent-educator do not seem to be related to ratings of how well PAFT supports family culture as the following quotes from illustrate:

Parent educator was Maori. We are Pakeha. Never a problem. She always supported us (0016)

Parent educator was always interested in my daughter's progress in Kohanga and being able to speak Maori (0290)

The parent educator always shows an interest in my culture. I'm Chinese and my husband is a Pakeha. Due to different background sometimes we disagree on methods of bringing up our children and she always comes up with good solutions so we can work out a way that we both are happy (0070)

It was assumed that because I was not European, a European parent educator would not be able to relate to me/us. It was felt a Maori parent educator would be better. I feel the race of the parent educator is not as important as the personality and understanding ability of the person (Indian family, 0003)

Parent educator was very receptive of any information provided about cultural attitudes. She is South African and speaks Maori well (Maori family, 0309)

... and when I asked, the parent educator would share her culture with us (European new immigrant family, 0335).

7. Gains for Parents from Involvement in PAFT

On the open question of "what have you gained as a parent by being involved in PAFT" the majority of parents wrote about one or more benefits (n = 380, 95%). Their comments indicated that PAFT created changes for them and their parenting approach. Some other outcomes were also mentioned. Participation in PAFT stimulated parents' interest and confidence in being formally involved in an education service of some kind for their child and these are reported below also.

7.1. Areas of change

A large number of parents commented that involvement in PAFT had improved their knowledge base, understanding of children, and parenting skills (n= 278, 69.5%). It was difficult to separate out these three benefits as they are inter-related and often parents would write about them in the same sentence.

Although [child's name] is my fifth child, I have learnt a lot about her behaviour at different stages ... I have paid more attention to her development and been more encouraging towards her – I only wish I had this programme with my first! (Waikato, Maori-Pakeha family, 0125)

How to control my son's temper, what to do when he gets in those funny moods without smacking. Also gained how to communicate with him (Whakatane, Maori family, 0346)

You guys have toughed [taught] me how much fun it is when you give your child time to have fun with (Porirua, Maori family, 0299)

Information on a wide range of things like development, illnessess, toys, and support when needed (Ruawai, Pakeha family, 0304)

We were provided with the information to make rational knowledgeable decisions about our child (Paraparaumu, Pakeha family, 0018)

I am a preschool teacher anyway, but I got some ideas ... Everybody could use some fresh ideas sometimes (Taupo, Pakeha family, 0329)

It has taught me information which can't be found in such great detail ... in all the child development books that I have read or that I could find (Hastings, Samoan-Pakeha family 0076).

The second major area of change reported by parents was in how much more relaxed and confident they were as individuals and as parents (n = 190, 47.5%).

Parent educator really helped me to be a more relaxed parent by not expecting too much from child too soon (Whangarei, Maori-Pakeha family, 0297)

*A belief in myself that I am a good mother and have broken the cycle of sexual, physical, mental and emotional abuse and my child will not suffer like I did (*Hokitika, Pakeha family, 0072)

Confidence to offer ideas to other parents (Mt Maunganui, Maori-Pakeha family, 1007)

Confidence to parent in my own way and to stand up to criticism from family (Christchurch, NZ family, 0330).

The third area of change was in the attention and time parents' gave to their children that they may not otherwise have given (n = 41, 10%)

It's given me a closer relationship with my daughter (Auckland, Pakeha family, 0184)

Being more aware of my child's activities and communicating with her more and paying more attention to her needs (Rotorua, Maori-Rarotongan family, 0201)

Useful to sit down once a month and think about child's achievements that month (Auckland, Pakeha family, 0098)

We had another baby who has been very sick. Without parent educator's support and suggestions I think my daughter would have missed out a lot as I was tired and couldn't always think of things appropriate to do (Oamaru, English-Dutch family, 0048).

7.2. Other benefits for parents

The reassurance given to parents by their parent educator and through participation in the programme was invaluable for a number of parents (n = 93, 23%). They benefited from reassurance about their ability to parent and about the development and behaviour of their child.

My child was premature (10 weeks early) and it was comforting to see where he was at in his development throughout the course (Auckland North Shore, Pakeha family, 0325)

We live away from family support and I'm an at home Mum so its been wonderful having PAFT visit to tell me I'm doing alright and to listen to any problems etc. (Morrinsville, Pakeha family, 0222)

Every time she [parent educator] came when she left I felt very positive and felt like I am doing a good job. Not often do we get left feeling like that as a parent (Balcultha, Pakeha family, 0198).

Receiving timely and personal support from their parent educator was another key benefit for families (n = 83, 21%).

[Parent educator'] professional and personal support played a major role in identifying and subsequent treatment of my post-natal depression (Otorohanga, NZ family, 0023)

Baby three was born and my father died. It's great to have a non-judgmental person to reflect on parenting issues – someone who is not a family member or friend (Raumati, Pakeha family, 1006)

Someone to ring whenever to get advice, someone who is independent and non-judgmental (Far North, Chinese-Fijian-European family, 0256)

Other benefits that were mentioned by smaller numbers of parents included:

- Receiving a detailed record of their child's development over the three years to keep (n = 16, 4%)
- Adult companionship/friendship from their parent educator (n = 16, 4%)
- Friendships made with other PAFT parents attending the group meetings (n = 5, 1%)
- The opportunity to observe another adult (their parent educator) interact and work with their child (n = 5, 1%)
- The enjoyment of seeing their child and parent educator forming a friendship (n = 4, 1%).

7.3. Participation in children's further education

Parents were asked if after involvement in PAFT they would be (or were) involved in a management or support group in their child's further education. Nearly half of all parents indicated that they would be or were involved *and* that PAFT had given them the confidence (n = 194, 48.5%). It is of interest to note that such a sizable number of parents would not otherwise have been interested in being involved in their children's education if it were not for PAFT. This finding is also significant because it suggests that PAFT is likely to continue to influence parenting long after children have graduated from the programme.

A breakdown of the types of services parents said they were or would be involved in at a management or support level shows most interest in participating in a formal early childhood education service, such as playcentre or kindergarten (125/194, 64%). One parent for example, was already running a crèche at her church and was on the committee of her child's Pacific Island language nest (0252). Another parent was the librarian at her playcentre (0230). Other parents were involved in running playgroups, their children's school, their local toy library, and Parent Centre organisation. One parent stated that she had been inspired to train for a teaching diploma in early childhood because of PAFT (0196).

8. Satisfaction and Suggestions for Improvement

8.1. Satisfaction ratings

Families were asked to rate their satisfaction with PAFT on a five-point scale from extremely satisfied to not satisfied. No families were "not satisfied". One family did not provide a rating. Three families were "partly-satisfied" (1%) and thirty-six families (9%) were "satisfied". The majority of families were "extremely satisfied" (n = 245, 61%) or "very satisfied" (n = 115, 29%). In total, 99 percent of families expressed full satisfaction.

8.2. Suggestions for the improvement of PAFT

(a) Public policy and PAFT enrolment criteria

Families were asked an open question seeking their suggestions for improving PAFT. t is noteworthy that the majority of suggestions focused on policy and administration issues concerning the PAFT programme and not on the programme itself. A high level of concern about the availability of and access to PAFT for new cohorts of parents was apparent in parents' comments about targeting (n = 84, 21%) and funding (n = 5, 1%). Here are some of the comments made about targeting and the funding of PAFT:

We were disgusted to find out that it is being targeted for particular groups i.e. Maori/Polynesian, low socio-economic groups. We strongly feel that all parents should be able to receive the information and support from PAFT (Auckland, Samoan-Pakeha family, 0306)

PAFT should be available to all groups as children have the same needs regardless of parents' bank balances (Dunedin, Pakeha family, 0158)

I am a doctor, but I didn't have the experience of being a parent before my child was born, and I still learned heaps. There should be increased availability to all families who are interested and not just "at risk" kids (Christchurch, Maori-Pakeha family, 0030)

I was very lucky to get on and don't fall into the targeted group but gained a lot. I have a child development background and family support, so if I have gained from PAFT there are many more families who would benefit (Te Awamutu, Pakeha family, 0033)

I was disappointed that such a wonderful programme was closed off to those in need due to close-minded racism – my child would still have been accepted as she is part-Maori (Northland, Maori-Dutch family, 0320)

It's grossly unfair to middle-low income families like ourselves that the criteria has changed for families being accepted onto the programme. I have no parents and only one family member for support (Hastings, Pakeha family, 0071)

Don't limit the people who can use PAFT. We had good response at Parent Centre talks for PAFT and now we've been told referrals will not be taken as we don't fit the criteria of low income, no support families. People who want to join PAFT will put your resources to good use. Not everyone in the group you are targeting could care less (Hawke's Bay, Pakeha family, 0040)

Increase government support. Let those that really want the support get it (Tauranga, Pakeha family, 0078)

If the present government is concerned about "closing the gaps" and fostering a knowledge based economy, they should invest in the children and parents of this country, i.e. all first children and parents being able to go on the PAFT programme (New Plymouth, Pakeha family, 0038)

PAFT should be available to all parents. It's an excellent 'linking' service of parents to the community, and teaching of parenting skills. Parenting has to be learnt (Whakatane, Pakeha family, 0246).

In contrast to the families who argued that access to PAFT should be open to all families, a small number of families felt that PAFT was not reaching the families who would benefit most from it (n = 4, 1%).

Although I loved the programme I sometimes felt it would be better targeted at families in need who may not have access to the financial resources I have (Hamilton, Pakeha family, 0173)

Maybe being a stay at home Mum with a third child I know that I have to put in a lot of effort and time to get rewards. The programme should be for parents who are having difficulty, have got no enthusiasm, and need to know the value of teaching and spending time with their children (Central Otago, Pakeha family, 0260).

Some families wanted the PAFT programme to be more flexible in its criteria for children's age and in the number of times a family may enrol with the programme (n = 27, 7%).

Allow babies older than four months to start (0150)

Do more than one child. I have number two now, who is 13 months, there are still questions, different problems (0048)

I think it would be wonderful if there were a four or more year gap between siblings that the younger child could also be enrolled with PAFT as a lot can change in that time (0106)

A follow-up visit at four years and another at five years just prior to starting school, would be a good idea for those who wanted it (0216)

I reckon that it should go on until he goes to school and not stop at 3 year old (0053).

(b) Management and promotion

Programme providers could be more proactive in advertising the availability of PAFT according to a small number of families who commented that the programme was not as well known as it should be (n = 17, 4%)

Better advertising of service and what its about as first three months of a new baby are not conducive to enrolments etc (0354)

I only heard about PAFT after it was too late for my first child. Inform people about it before they have children (1035).

Problems in staffing and staff workloads were mentioned by a small number of families. Their suggestions ranged from giving parent educators mobile telephones to recruitment and training (n = 13, 3%)

Not to overload your parent educators too much (0265)

Support your staff more so they don't have reason to leave (0040)

Parent educators should be fully trained before visiting and fully prepared for each visit – only one out of the three we had was (0277)

More Maori PAFT workers (Fijian-Chinese-European family, 0256)

Mobile phones for ease of contacting educators i.e. short notice cancellation of meeting [home visit] (0245).

(c) Programme content and delivery

Suggestions for change in the content and organisation of the PAFT programme were made by some families (n = 38, 9.5%). The range of suggestions was wide, reflecting the individual interests and needs of families. Below is a sample of suggestions to illustrate:

> *Perhaps have a library available to parents with recommended reading e.g. behaviour management, to save having to hunt at local library* (0082)
>
> *Provide a well-indexed book/folder that a parent can use easily for other children* (0096)
>
> *More Maori content for Pakeha families that are interested* (0089)
>
> *More time during visits to talk about concerns rather than information sharing* (1000)
>
> *A few extras for Dads – A lot of the material applies to both parents, but the primary caregiver is usually "mum". My husband suggested that it would be great if Dads could be any more involved?* (0327)
>
> *I think it would be useful for mothers to be given Edinburgh Postnatal depression scale to screen for postnatal depression* (0162).

Earlier it was reported that the majority of families were comfortable with PAFT being delivered in their own homes and that one of the best things about group meetings at an external venue was social contact with other families. A small number of families suggested that PAFT could strengthen community networks as part of its programme delivery and more actively facilitate social contact amongst PAFT families (n = 16, 4%).

> *Encourage parents to form support groups by sharing addresses and phone numbers* (0035)
>
> *Community groups/coffee mornings etc for those involved to get to know other parents* (0267)
>
> *As a member of the Gore Parents' Centre it's great to see PAFT offering courses locally as a joint venture* (0067)
>
> *Some of our visits occurred at Playcentre to accommodate other clients (rural area). This brought another aspect to observing child at play and interacting with other children* (0054)
>
> *It would be useful if PAFT and a child's preschool (or similar) could liaise to help create a coordinated approach to a child's development* (0154).

9. The Role of PAFT

Families were not asked in the survey about their perception of PAFT in relation to other education and health services. However, it is clear from the results reported above that PAFT supports family use of early childhood education services and health and community services. PAFT therefore complements other services. Additional comments included by families suggest

a perception that the philosophy and delivery of PAFT combine to make it an individualised service focused on the family in context.

> *I'm happy with Plunket, but unfortunately they don't come to my house and offer useful training like the PAFT programme* (Chinese-Pakeha family, 0070)

> *PAFT have been the "only" people who have come in and told me what a great job I am doing. So many people focus on what is going "wrong"* (Pakeha family, 0175)

> *PAFT has a holistic approach – health, education, parent, child – bring in knowledge, offer ideas when problems occur. This sort of help is no longer available from Plunket on a regular scheduled basis* (Pakeha-Maori-Cambodian-Vietnamese family, 0319)

> *Children deserve every opportunity available to them to be able to develop to their full potential, and PAFT supplies this opportunity in a supportive and constructive manner without pressure* (Pakeha family, 0293)

> *We all want the best for our children - PAFT helps us to get there!* (Maori-Pakeha family, 0143).

DISCUSSION

Influence on Parenting

The findings of this study to date show that parents perceive that participation in PAFT has a positive influence on their parenting. It raises self-esteem in helping parents to feel better about their parenting and encourages parents through individualised support by the parent educator to more confidently and more knowledgeably do the best they can for their child.

It logically follows that strengthening parenting skills and building up parental confidence will lead to better relationships between parents and children in practice and thus probably also better outcomes for children. For example the parent who reported that she was pleased to be able to break the cycle of violence in her family, or the parents who said that they had learnt to spend time with their children. Forty-seven percent of parents spontaneously reported that through PAFT they had become more relaxed and confident in parenting and 10 percent were giving their children time and attention that they otherwise might not have given. It is worth noting again here that the parents in this study chose to be on the PAFT programme and enrolled (mid 1997 to early 1998) before the programme became more targeted (2000).

It is easy to think that all parents should know basic parenting behaviours such as not to hit and to spend time with their children. However, as it came through in parents' comments in the survey parenting is stressful and busy. They may also experience pressure from extended family members to parent in a way that they know is no longer acceptable or the best for their child, but not have the confidence to stand up to other family members. Parents appreciated and looked forward to the monthly parent educator visits, and in fact did not like to miss a visit for whatever reason. A number of parents benefited from the reassurance parent educators gave about their parenting and about their child's development (23%), and the personal support parent educators gave at times of crises such as a family death and post-natal depression (21%).

The importance of PAFT being in family homes over a sustained period of time (three years), and of the close relationships families have with their parent educator, is underscored by recent publicity about the waiting lists for children needing the attention of the Department of Child Youth and Family Services (Betts, 2001). PAFT educators develop an early and close trusting relationship with families. The positive influence PAFT has on parenting leads to the question of what wider social, educational, and economic benefits would result if the programme was extended to cover all families for at least one of their children. This is a question for policy-makers and it will be further explored in the second report of this evaluation of PAFT.

There is no evidence that educators undermined parents' confidence in their own expertise (Dalli, 1992). Rather, educators supported parents in making their own decisions about their child and about parenting. Parents did not seem to view educators in the traditional sense of the expert teacher, they were friends whom parents regarded as a useful source of information, guidance and support (Welker, 1991). Parents were not passive receivers of knowledge, because in order to be judged successful by families the delivery of PAFT had to be individualised. The very high parental satisfaction with PAFT (99%) indicates that this was the case.

Parents as Educators

The position of parents as "teachers" is a most powerful one because they know their children more intimately than professionals who do not have the same level of sustained contact and involvement. Research has shown that even between families with relatively similar backgrounds differences in parental teaching styles provide children with variable opportunities for learning (Gardner, 1992). Thus, assumptions should be avoided that families from particular backgrounds are less or more likely to benefit from the child development and learning content of a parent education programme.

The most frequently reported gain for parents in completing the PAFT programme was in the area of knowledge about child development and learning, and an improved understanding of their children (69.5% of families). In the Competent Children project Wylie and colleagues (1996) found that children whose mothers had a tertiary qualification in fields such as teaching or nursing, or a university qualification were more likely to use early childhood services that had higher quality staff-child interaction compared with children whose mothers had no post-school qualifications. Further research is needed to explore how the improved knowledge of parents through the PAFT programme may influence their choices of early childhood service. PAFT parents will be (and many already were) more likely, in any case, to be more outspoken and participate in their child's early childhood service or school as many parents reported that they gained confidence in this way (64%). An expert on parent education, Powell (1996), asserts that parents and teachers need to have a shared perspective to support cooperation between the home and early childhood centre settings in order to optimise outcomes for children.

Delivery

The research reported here supports Bradley's (1999) key finding for Maori parents that *how* the programme is delivered that is, the relationship between the family and the parent educator is important for acceptance and what families will gain from participation. A key reason why parents accept parent educators into their homes seems to be that educators are trusted and viewed as having the family's best interests at heart (Bradley, 1999). Power relations as claimed by Pihama (1993) simply did not exist. This means that parent educators are in a unique position of being an outside-of-the-family professional that parents accept into their homes and feel they can openly talk with about their children and their parenting.

The ethnicity of the parent educator was clearly less important than the educators' personal characteristics such as an ability to be non-judgmental. Parent educators generally supported family culture and diversity and it was noted with pleasure by some parents that their educators had shared aspects of their own culture with them.

For the 400 parents the delivery of PAFT in the home setting was a positive feature. Only three families were slightly uncomfortable with this. Home visits allowed educators to see families in their natural context and facilitate parent and children's learning within this context. Much appreciated by parents was the time and hassle home-visiting saved them by not having to get organised and travel to a venue. It allowed parents to continue with their normal daily routines, allowing children to sleep for example, and meant that both children and parents were more relaxed in their own environment.

Not as popular as home-visits were the group meetings where parents would be invited to a venue to hear a guest speaker or engage in an organised activity or activities. The reasons for a low attendance by most families (91%) were the very reasons why home visiting was welcomed so strongly by parents. Also there were issues of childcare (who was to look after other siblings?), transport, and time and energy especially for parents in employment and shift-work.

If the providers of PAFT want to increase attendance at group meetings the data suggest that the purpose of group meetings may need to be looked at. The best thing about group meetings for parents was the social aspect, an opportunity to meet with other parents and children and share information and experiences. Perhaps group meetings need to take on a greater social dimension acknowledging that this is what parents want most. PAFT providers could also look at how social contact amongst PAFT families could be facilitated within the programme, for example, coffee groups and telephone lists were two suggestions provided by parents. Parents appreciated the delivery of the PAFT programme at other community venues or as part of other courses (such as at Parents' Centre). For example, some home-visits occasionally took place at a playcentre to save the educator's travel to rural families, and a family commented that this was useful for observing and discussing her child at play in a different context and interacting with other children.

The Role of PAFT as a Parenting and Early Childhood Education Service

It emerged from responses to the question of whether families had experienced more than one parent educator that when families shift, the PAFT programme goes with them and they gain a new educator. The PAFT programme is mobile because it is delivered largely in the home (ie. not centre-based) wherever that may be. This feature means that PAFT is in a unique position to provide for families who are highly mobile and to ensure a continuity of parent support and education.

Contrary to early fears within the early childhood field (Rivers, 1994) no evidence was found that parents are less likely to use early childhood education services or other children's services, such as Plunket, because of their participation in PAFT. Early childhood education services appear to benefit from the presence of PAFT because PAFT children have a higher participation rate than the general population. Nationally the apparent participation rate[6] for all children under three years of age in the year 2000 was 58 percent as a percentage of the total population, yet 90 percent of PAFT children had already participated in at least one type of early childhood education service by age three. Further, over half of the families (51%) were on the waiting list or had recently started their three-year-old child at a state kindergarten.

PAFT complements what other community services for early childhood education and parenting offer. For example, a parent viewed the offering of PAFT related courses as a joint venture with the Gore Parents' Centre to be helpful and positive. PAFT educators act to increase parents' awareness of the availability of relevant community services (when parents do not already know these) and help them obtain access to what they would find helpful. Nearly two thirds of parents (66.5%) reported they had used a service they had been informed of or referred to by their parent educator. These included: child education services such as the toy library; libraries for information; services for health such as Plunket and pediatricians and a sleep programme; and services for personal parent support such as the Birthright organisation for assistance with practical skills and applying for benefits.

PAFT provides a unique early childhood education service for under-threes through its parent education programme. It focuses on the family in context through tailoring the delivery of the programme to each family, unlike most other services that expect children or parents to go to them. PAFT is provided over a sustained period of time from before birth or just after birth to age three years, enabling families to receive support during the many changes and challenges of

[6] It is possible that children may be enrolled in more than one early childhood service. Statistic obtained from the Ministry of Education.

the early years. As one parent commented – other services do not focus on the child, the parent, health, and education and provide such a holistic approach. Perhaps this is why Corrigan and colleagues (2000) found in their survey of parents' views of early childhood education services in the Far North Region that parents were generally more positive about PAFT than about other services.

Open or Restricted Enrolment

Often a study can raise further questions and one, which will be fully explored in the second report of this evaluation study, is the question of "why do families decide to enrol in the PAFT programme?". The families in this study sample were from a range of backgrounds. Some parents were professionals in health and education for example while others were full-time parents, some parents had a high standard of written literacy while others had a very low level of literacy as evidenced on the completed survey forms (and one participant said she could not read). Family ethnicity varied, and in some families there were two or more ethnic groups represented. Most parents were new to parenting while some had up to five children. As mentioned earlier, targeting was not in place when these families enrolled. Yet surprisingly, the most frequently made suggestion by these parents for improving PAFT was to not restrict access to PAFT by other families.

The comments of families in this study collectively present an appeal for other families like themselves to have access to what they perceived to be a beneficial programme. This perhaps is an early warning from parents to policy-makers and PAFT providers of a shift in perception from PAFT being an educational service to being a social service. Should policy, and not parents, dictate who is likely to benefit from participation in the PAFT programme, Pihama's (1993) fear of PAFT being a compensatory programme will be confirmed. She cautioned against the identification of groups "at risk" and the apportioning of blame for failure to children and parents that comes with such identification.

The final report of this evaluation will look in more depth at current policy issues and challenges for the Parents as First Teachers programme. It will include insights from interviews with parents and parent educators, draw on PAFT policy documents and reports, and refer to other relevant literature and documents such as the Government's Strategic Plan for Early Childhood Education.

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APPENDIX

FAMILY SURVEY

Date:

2. How would you describe your present parent educator's way of working with you?
(Please tick one or more boxes)

☐ sensitive ☐ supportive ☐ non judgmental ☐ appropriate
☐ generally appropriate ☐ judgmental ☐ insensitive ☐ other

Comments

3. a) Have you had more than one parent educator?
☐ yes ☐ no

b) How did your family feel about the change to a new parent educator?

4. In your opinion, what are the most important skills or abilities you feel a parent educator needs to have?

Home Visits

5. Did you feel comfortable being visited in your own home?
☐ yes ☐ no ☐ sometimes

Comments

6. a) In general, how long were the home visits?
☐ Under 1 hour ☐ 1 hour ☐ 1.30 mins ☐ other

b) Was this
☐ about right ☐ not long enough ☐ too long

Under Part II, Section 6, Principle 3 (1) (d) of the Privacy Act 1993 you are advised that the personal information you have provided was collected for statistical use only and will be held by Early Childhood Development, P 0 Box 9951, Te Aro, Wellington.

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Home Visits

7. Were the monthly visits frequent enough?

☐ just right ☐ not often enough ☐ too often ☐ other

Comments

8. How useful did you find the written material?

☐ very useful ☐ useful ☐ mostly useful ☐ sometimes useful
☐ not useful ☐ other

Comments

9. How appropriate did you find the ideas on play activities, books and toys for you and your child?

☐ extremely suitable ☐ very suitable ☐ suitable ☐ too easy
☐ too hard ☐ unsuitable ☐ other

Comments

10. Did you find the PAFT programme accepting and supportive of your family's culture?

☐ always ☐ mostly ☐ sometimes ☐ never
☐ was never an issue

Comments

11. Family circumstances can change over three years (e.g. returning to work, birth of another child etc). How flexible did you find PAFT in meeting your changing needs?

☐ extremely flexible ☐ very flexible ☐ flexible ☐ sometimes flexible
☐ inflexible ☐ other

Comments

Group Meetings

12. Approximately how many group meetings did you attend over the 3 years?

☐ 0 ☐ 1-10 ☐ 11-20 ☐ 21-30
☐ 31 or more

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13. What would have enabled you to attend more group meetings?

14. Did you have opportunities to have input into the choice of topics for group meetings?
☐ yes ☐ no

15. What was the best thing about the group meetings for you and your family?

Community Services

16. a) Was information provided on available community agencies and specialist services (e.g. Plunket, Paediatricians, Family support agencies, Toy libraries, Libraries, etc)?
☐ yes ☐ no

b) If yes, when was this information given?
☐ frequently ☐ at the appropriate time ☐ only when relevant ☐ occasionally
☐ other

Comments

c) If yes, did you use any of these services?
☐ yes ☐ no Please specify

Early Childhood Services

17. Has your child attended any early childhood groups or centres?
☐ yes ☐ no If yes, which type.

18. At what age did your child start attending any early childhood groups or sessions?
☐ 0-6 mths ☐ 7-2 inths ☐ 13-18 mths ☐ 19-24 mths
☐ 25-30 mths ☐ 31-36 mths

19. Is your child currently enrolled in or on the waiting list for any early childhood services?
☐ yes ☐ no If yes, which type.

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20. a) After your involvement in PAFT as your child's first teacher, would you, or are you, involved in a management or support group in your child's further education at, for example, playcentre, kohanga reo, kindergarten or school?

☐ yes ☐ no Which type?

b) If yes, do you think PAFT has given you increased confidence to participate in this way?

☐ yes ☐ no

General

21. Was the child enrolled on PAFT, your

☐ first ☐ second ☐ third ☐ fourth

☐ other

22. With which ethnic group(s) do your family identify?

23. What have you gained as a parent by being involved in PAFT?

24. Do you think you would use the PAFT handouts and the parent child activities with other children?

☐ yes ☐ no

25. Overall what is your level of satisfaction with PAFT?

☐ extremely satisfied ☐ very satisfied ☐ satisfied ☐ partly satisfied

☐ not satisfied

26. What suggestions do you have to improve PAFT?

27. a) Would you recommend PAFT to other families?

☐ yes ☐ no ☐ maybe

b) Why?

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Town where you live:

Thank you very much for giving us your thoughts on the PAFT programme. Please return the completed survey in the stamped addressed envelope provided.

Please feel free to add more pages to this survey, or to send any other comments you have to:

PAFT National Centre
Early Childhood Development
P 0 Box 9951 Te Aro,
WELLINGTON

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